

Student Application Form

If you are unsure of your eligibility for membership of ESSA, please contact the ESSA national office on: (07) 3856 5622 or E-mail: info@essa.org.au

To apply for Student membership of ESSA applicants must complete;	Application Page Reference	Tick when completed
1. Complete the application form. (Section A-C)	Page 2 - 3	
2. Enclose a clear photocopy of your current student identification card ** Attach this to your application.	Attach	
3. Include membership payment of \$35.00 (GST incl.) (Section D) Please enclose a cheque/money order for your membership fee or complete the Credit Card Payment Slip. Cheques should be made payable to Exercise & Sports Science Australia	Page 3	
4. Send application forms to: Exercise & Sports Science Australia (ESSA) The Assessment Team PO Box 123 Red Hill QLD 4059 ** Fax applications will not be accepted		

Please note :

**** Applications will not be assessed until a COMPLETE application has been received by the office; and**

**** Please allow 10-15 working days (from the date of your application being received) for your application to be assessed and processed.**

Student Application Form

Section A - Personal Details

Title Given names Surname

Date of Birth email address*

**Required field: Your email address will be your username for your ESSA account.*

Postal Address

Address

Town/suburb State Postcode

Phone Fax

Work Address

Address

Town/suburb State Postcode

Phone Fax

Mobile

Current position

Why are you applying for membership with ESSA? (NB. This feedback helps us help you).

Section B - Qualifications

Qualifications achieved

List only degrees awarded from tertiary institutions, not degrees incomplete or in progress or non-tertiary qualifications.

Degree	Institution	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Incomplete tertiary study

Degree	Institution	Year Commenced
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section C - Declarations

Declarations

a) I certify that the information supplied on and with this form is true and correct.

Applicant signature

Date

b) If accepted as a student member of the Association I agree to abide by the ESSA Code of Ethics.

Applicant signature

Date

Section D - Payment Details

Card Type (Please select) VISA Mastercard

Cardholders Name Expiry of Card

Card Number

I authorise Exercise & Sports Science Australia to debit my credit card for the amount of **\$35.00**. Yes No

Signature Date

Please note – membership is based upon a calendar year, if you join part way through a year you will be required to pay the full amount for the membership and upon renewal in the subsequent year you will be charged a pro-rata amount equivalent to your date of joining.

Office Use Only

Date received _____

Assessor _____

Outcome _____

Date approved _____

Postal Address

Exercise & Sports Science Australia

The Assessment Team

P.O. Box 123, Red Hill QLD 4059

Ph 07 3856 5622 Fax 07 3856 5688

